POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	(signature)		10/18/94
O.I.P.E. CLASSIFIER		16	11-8-99
FORMALITY REVIEW	CM	71632	11/10/99
	CM	71632	1-31-00

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral) Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date								
Final	Original	5-21-00	11-16-00	7-16-01	10-11-01	11-2-02	7-3-02			
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